

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/500131**

FILING DATE

**Winston Alvarez**  
**National Stage Processing**

APPLICANT(S)

**Patricia Specialist**

(773) 305-8221

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
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8		/		/			58						
9	/		/				59						
10		/		/			60						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←	16	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	17		20				TOTAL CLAIMS						